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**EVALUATION OF ECUADOR
POPULATION AND
FAMILY PLANNING PROJECT
(518-0026)**

by

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GLOSSARY

APROFE	Asociacion Pro-familia Ecuatoriana
AQV	Asociacion Quirurugicos Voluntarios
CBD	Community based distribution
CEMOPLAF	Centro Medico de Orientacion y Planificacion Familiar
COF	Centro Obstetrico Familiar
CPS	Contraceptive Prevalence Survey
CRS	Commercial retail sales
CSM	Contraceptive social marketing
CSS	Seguro Social Campesino (Campesino Social Security)
CYP	Couple years of protection
DHS	Demographic Health Survey
FP	Family planning
GOE	Government of Ecuador
IEC	Information, education and communication
IESS	Instituto Ecuatoriano de Seguridad Social
IPPF	International Planned Parenthood Federation
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region
IUD	Intrauterine device
JOICFP	Japanese Organization for International Cooperation in Family Planning
MIS	Management information system
MOH	Ministry of Health
MSH/FPMT	Management Sciences for Health/Family Planning Management Training (Project)
MWFA	Married women of fertile age

MWRA	Married women of reproductive age
OR	Operations research
PHP	Private health practitioner
POPTECH	Population Technical Assistance Project
SOMARC	Social Marketing for Change (Project)
TECAPRO	Technical Capability Program
TFG	The Futures Group
UNFPA	United Nations Population Fund

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EXECUTIVE SUMMARY

During May 1989, an evaluation team consisting of Rose Schneider, Team Leader, James Messick and Thomas Murray conducted an evaluation of the USAID-supported Private Health Sector Family Planning Project. The USAID Private Sector Family Planning Project (Number 518-0026) has provided assistance, equipment and materials, operational support, training and other inputs, to assist the three private sector family planning organizations to successfully expand and improve their FP services and their education and population policy activities. CEMOPLAF has grown most quickly with project assistance to improve management planning, service delivery and training capability; CEMOPLAF balances expansion of services to underserved with progress toward self-sufficiency. APROFE has also strengthened its management, service delivery training and logistics systems. It continues to expand, remains the largest FP agency and is gradually moving toward self-sufficiency. CEPAR has carried out population policy and leadership development, research and training activities. It has been more reluctant to aggressively pursue expansion of its activities without assurance of continued donor support. Each agency's management and administration, services delivery, training, evaluation, and systems and activities were assessed and found to have advanced significantly.

IPPF/Quito has provided quality long-term technical assistance in management and coordination, service delivery and administration; FPMT/Stern has more recently provided solid assistance in strategic planning and financial management.

The USAID Population Office has monitored project progress well and stimulated the agencies to expand services and strengthen their management, service delivery, training, and research activities. It has provided guidance to agencies in the balance between expansion to the underserved and achieving self-sufficiency. The desire to have both expanded services and also program self-sufficiency is a major issue within the USAID Mission in Ecuador although levels of specificity are not yet described clearly.

In their progress toward self-sufficiency, to date, CEMOPLAF has achieved 72% of its Amendment 14 goal, a target of US \$69,000. APROFE's earned income represents 66% of its 1991 project target. CEPAR generated US \$4,000 to date, reaching 20% of its original project paper goal.

For the remaining two years of the project, CEMOPLAF and APROFE can continue to expand services to underserved, especially periurban, under 25, and rural Indian populations, balancing expansion with self-sufficiency goals. Several approaches could include cross-subsidies of services, addition of laboratory and broader health services to FP personnel from the public sector on

contraceptive mix, marketing agency expertise to others and equity development.

CEPAR could expand its research and population activities especially focusing more on regional leadership. They could increase their self-sufficiency with more aggressive Project development, marketing their agency's expertise and reducing costs, especially of printing.

IEC, vital to service delivery expansion and FP education, has not been actively developed. Further investment should be made in the training, equipping and expansion of IEC efforts.

Cooperation with private physician and commercial sector enterprises are in the early stages and should be developed. Links with public sector providers, especially at the operational level, should also be pursued. Operations research is suggested to study potential models of collaboration between private and public sector agencies.

During the evaluation, in addition to individual agency assessments, several analyses were done. They include

- The review of contraceptive methods and their implications for program and IEC support
- Comparative pricing of contraceptive methods and services.
- Contraceptive prevalence data trends and estimated prevalence for 1991.
- Agencies' locally generated incomes.

The Evaluation Report reviews the considerable progress of the private family planning agencies supported by the Project and presents options for improvements during the remaining two years of the project and for the planning of the proposed 1991 family planning project.

1. INTRODUCTION

The USAID Mission in Ecuador requested the evaluation of the Population and Family Planning Project (518-0026) and particularly of the assistance to private sector activities including three Ecuadorian private organizations currently receiving USAID/Ecuador bilateral support through a cooperative agreement with International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR).

The objectives of the Project are to increase the demand for, and availability of, family planning services, encourage the development of a national population policy and increase self-sufficiency of private, non-profit family planning organizations supported by this Project

The Population Technical Assistance Project (POPTECH) Team of Rose Schneider, Team Leader, James Messick and Thomas Murray traveled to Ecuador and worked with the Mission and private sector organizations from May 8 to 31, 1989.

The principal purpose of the evaluation was to provide prescriptive advice to the Mission for the improvement of the remaining two years of the project and indications for directions for the new (1991) population project

Major areas of focus for this evaluation included

- Review of the progress of the three private organizations in meeting project goals and the extent to which project objectives have been met
- Review the agencies' progress toward long term self-sufficiency
- Evaluate selected principal programs: clinic operations, information, education, and communication (IEC) activities, training and research; in addition, review progress of contraceptive social marketing (CSM), private health practitioners' programs and community based distribution (CBD) programs
- Analyze the effectiveness of project administration and management including USAID assistance and monitoring
- In addition, examine the support and technical assistance provided by IPPF/WHR.

The initial discussion with USAID Ecuador confirmed the Mission's interest in the issue of the three agencies' progress toward self-sufficiency while at the same time recognizing the need for continuation and expansion of services to the underserved

The evaluation focused primarily on three agencies--APROFE, CEMOPLAF and CEPAR--and included a series of interviews, document reviews, analyses and observation trips. Discussions were also held with representatives of other donor organizations as well as the IPPF/Quito representative, Ministry of Health regional officials, pharmaceutical manufacturers, contraceptive social marketing representatives and firms providing technical assistance to these agencies

Circumstances hampered the team's efforts in two instances. First, the stipulation that the evaluation should focus on prescriptive advice has resulted in a report that is somewhat short in the area of background analysis. Second, the absence of both the USAID Population Officer and the IPPF representative during part of the assignment sometimes made it difficult for the team to get the information it needed.

2. SUMMARY OF OVERALL PROGRESS

The three agencies (APROFE, CEMOPLAF and CEPAR) have progressed considerably as a result of Project inputs and have improved and expanded clinical, IEC, CBD, and policy development programs. They have also progressed in cost recovery and moved toward limited self-sufficiency.

2.1 Centro Medico de Planificacion Familiar (CEMOPLAF)

CEMOPLAF has progressed the fastest and has developed a credible model of clinical service, clinic based distribution, and limited IEC expansion within significant development of cost recovery and limited self-sufficiency. Its success has resulted from a long history of the need and commitment to self-sufficiency while promoting a philosophy of quality service and a mix of family planning (FP) and general medical services. This was possible because of a solid and flexible management staff.

The project inputs through IPPF and Management Sciences for Health/Family Planning Management Training (MSH/FPMT) have contributed to CEMOPLAF's management ability to define, develop and innovate appropriate mixes of personnel, use cross subsidies across clinics to provide services to poorer areas, expand laboratory services to subsidize family planning services, broaden services to include maternal and child health (MCH) and general medical services and perhaps equally important, appropriate pricing of FP services and commodities to levels that allow significant cost recovery.

Their close contact with clients, coupled with a commitment to expansion into poorer urban and rural areas, has allowed CEMOPLAF progressively to raise prices for services and FP methods while being assured that the clients (especially in the Sierra) can afford the services and that they value the services for which they pay.

Project assistance through IPPF/Quito has been successful in improving CEMOPLAF's clinical and other services, training of personnel, general management, planning, accounting, personnel, reporting, supply management and other systems. IPPF/Quito has also successfully contributed to the agency's proposal development capacity and some other cost recovery activities.

Project inputs through MSH/FPMT have begun to improve the agency's capabilities in strategic planning for self-sufficiency and its development of financial planning linked with its management information systems.

2.2 Asociacion Pro-Familia Ecuatoriana (APROFE)

Project inputs have been helpful in assisting APROFE to expand and strengthen clinical services delivery, some IEC activities, and staff training. Project inputs have resulted in improved general management, reporting, accounting and supervision systems.

The project also assisted APROFE's progress toward self-sufficiency, which is assessed to have been slow but gradually increasing, due to changes in management commitment. Progress toward self-sufficiency has been achieved by utilization of some of the same methods used by other agencies, i.e., raising of commodity prices, expansion of laboratory services, and sale of laboratory and other services to other organizations. APROFE has moved forward toward self-sufficiency, but has not used an in-depth analytical approach to define options for cost recovery. Some possible remaining approaches are the use of different mixes of personnel, expanding (revenue generating) general medical services, revitalization of the CBD program for new users/income, and financial analysis of clinical services mixes for efficiency and cost recovery.

The project has provided, through the IPPF/Quito office, general management technical assistance, the level of which, however, has been curbed by the moderate interest on APROFE's part. APROFE has recently begun to computerize its systems. The system chosen will provide considerable information for certain management decision making and reporting but, unfortunately, will not adequately link these data with cost data for decision making and advanced financial management.

Project assistance through FPMT/MSH/Stern & Company has been offered to APROFE but not yet been fully utilized to provide this input to help APROFE implement an adequate cost recovery/financial management system.

2.3 Centro de Paternidad Responsable (CEPAR)

Project assistance has been successfully supporting CEPAR's seminars, workshops and the publication of studies to increase population awareness at the national level. An IEC and population awareness effort has been funded to reach selected groups and the general public through print materials distribution and radio messages. Research projects, although fewer than were originally funded, have been carried out.

Project inputs through IPPF/Quito assistance have resulted in only moderate improvements in program management and development of a structured system for personnel, management, training, and planning. IPPF/Quito has also assisted with new project development, program monitoring and reporting. Project

assistance has helped CEPAR slowly overcome its caution and resistance and to advance very gradually toward cost recovery and self-sufficiency. CEPAR's top leadership has developed a strategic plan for self-sufficiency with the strong technical assistance of FPMT/MSH/Stern & Company. To date, however, the agency is still almost completely dependent on USAID funding.

3. USAID MANAGEMENT

3.1 Population Office: Current Role

The USAID Population Office population management staff has been increased with the addition of a population professional with a clinical background. The Population Office has provided strong guidance and support through this project to the private sector family planning agencies for the expansion of family planning services, policy development, training, and research, and contraceptive social marketing. The Office has provided guidance to technical assistance contractors and directly to the agencies to support the development of their management and information systems, training programs, logistics and supply systems, research and investigation and other areas, strengthening these agencies' ability to play a crucial role in family planning and population arena. Meetings sponsored by the project have been held to promote family planning communication among agencies and stimulate further population promotion efforts such as the campaigns of the Fundacion Futura (see Section 6.4) The Population Office has made efforts to address the complex issue of the balance needed between the need for family planning expansion and the need to promote self-sufficiency

3.2 Population Office: Possible Changes

The direct coordination of the project on a day-to-day basis is managed by the IPPF/Quito Advisor. USAID, therefore, can at least partially be released from the detailed management of project implementation and devote time and talent to the longer range efforts of project monitoring and planning and future project development.

USAID could increasingly assume the roles, in this rapidly changing environment, of assessing and measuring the trends over time of the agencies' past FP activities and of studying the factors that contribute to their progress. It could also analyze alternative options for expanding the levels of FP activities within the needs imposed by progress toward self-sufficiency

The competence of the FP agencies has improved significantly during the USAID Project. Given the ongoing IPPF/Quito assistance, they no longer need the detailed monitoring by USAID they required in the past. In addition, USAID, by focusing on the longer-range trends, will help the agencies recognize that studying excessively detailed data--for example, monthly changes in each clinic's performance--is not as important as monitoring the key indicators and longer-range trends of their projects.

In the crucial area of guidance to agencies on USAID policy regarding the balance between self-sufficiency and the

expansion of services to the underserved, USAID's guidance has not been formal or consistent. It is recognized that the issue is complex and USAID itself has varied concepts. It is, however, counterproductive to use a number of different criteria when funding, evaluating and directing agencies to take actions. This may lead to confusion and even make agencies reluctant to follow one or the other course of action, i.e., to pursue self-sufficiency or to expand services to the poor. Dialogue with agencies will be needed to discuss A.I.D.'s expectations and to enable them to carry out realistic planning based on timetables and future expected levels of support. Before the dialogue with agencies, however, an in-depth analysis of the issue, perhaps in a retreat, within the Mission is needed to unify criteria and provide consistency in approach and a strategy for the future.

In addition, USAID monitors FP agencies with priority placed on two indicators: new users and couple years of protection (CYP). These two indicators give only a partial, unweighted measure of the progress and success of programs. Both of these indicators favor services to urban, middle class clients who are easy to "capture" for services. They, therefore, are counterproductive for agencies that wish to expand into rural, indigenous or other difficult-to-reach populations, a goal which is sought by USAID. Pressure to meet these (new users and CYPs) indicators could also encourage the "drawing" of patients from other agencies in order to claim them for one's own statistics. Transferring clients from one program to another may give the appearance to A I D. of progress, but it does not mean in reality that overall prevalence is increasing. Too strict a use of these indicators could also discourage cooperation among agencies if, as in the case of referrals of patients to another agency, the first loses "credit" for the user to the referred agency.

A.I.D. may also be concerned to what extent their "indicator" monitoring influences the providers' choice of the contraceptive method for a client. For example, between October and December 1987, APROFE figures showed 72.1 percent of all new users with IUDs. In the document review, it was noted that in some cases discussions over targets have received the response that contract targets are to be strictly adhered to with no room for change.

✓ A composite indicator would give a "weighted" value to compensate agencies for the difficulty of serving a hard-to-reach population. There may not be a currently available perfect "composite" indicator. The A I D Population Office/Washington should be contacted to see if research on composite indicators being initiated by a panel of international experts can provide guidance to the Mission. Based on this, the Mission could develop several, broader measures that would provide "weighted" indicators that measure progress without providing disincentives to agencies for reaching underserved populations.

3.3 Collaboration between Centrally Funded Projects and Mission Bilateral Assistance

The Mission provides long-term FP Project technical assistance through IPPF/Quito. In addition, several centrally funded projects are used to provide specific assistance, i e , training, research, finance, social marketing, and broader management expertise.

Given A.I.D.'s decreasing resources, the Mission should develop an annual plan and work closely with the IPPF long-term advisor in order to structure long- and short-term technical assistance into a mutually reinforcing, overall package which would best meet the private FP agencies' needs.

4. IPPF/QUITO'S ROLE IN PROJECT DEVELOPMENT

The IPPF/Quito office has been contracted to offer technical assistance to three FP organizations under this Project in the areas of monitoring of funds, management and institutional development, planning, and program development, and improvement and expansion of FP service delivery.

IPPF/Quito has, to the extent possible, coordinated and exchanged information among the FP agencies in Ecuador and served as a channel for information regarding other FP agencies. IPPF assistance has become more structured with the development of annual plans reviewed with USAID and IPPF/WHR. The office serves as an effective liaison and channel of resources for USAID to the FP agencies. IPPF/Quito provides analyses and reporting to USAID Project management.

IPPF has, since 1981, filled a valuable role for USAID and FP agencies in advising, coordinating, monitoring and reporting the FP activities that have progressed under the Project. This has been of considerable assistance, especially given A.I.D.'s limited Population Office staff. The Advisor's expertise in clinical service delivery and development of management systems has shown results in the strengthening of these systems in all three agencies. Policy development and IEC programs have received less direct and indirect IPPF assistance, this perhaps accounts for these two areas lagging behind in their development within the agencies. The IPPF office has also performed a valuable role of improving communication among agencies.

The IPPF/Quito office should continue to be funded by USAID to provide technical assistance and to facilitate coordination to private sector family planning agencies for the remaining Project years. It should also be considered for a renewed role, perhaps at a declining percent of assistance in the proposed 1991 FP Project.

Family planning services, their expansion and strengthening, will remain a priority, however, USAID should consider providing assistance for the creation and development of an Ecuadorian family planning council that would allow the gradual shift of the responsibility for coordination to a national organization. This is discussed more fully in Chapter 6.

5. DONOR SUPPORT AND COORDINATION

USAID remains the largest donor for FP activities in Ecuador. UNFPA and IPPF are the other two major donors. A brief review of UNFPA activities showed a strong, realistically oriented commitment to public sector FP activities. UNFPA is assisting the MOH by strengthening logistics systems for commodities and the training of personnel. In other sectors, UNFPA assists with the inclusion of population education within the National Alphabetization Program, a new census and some limited population research activities. Private sector FP organizations have acute needs for vehicles and IEC equipment (e.g., movie-videotape).

Concern exists regarding possible duplication of public and private sector family planning activities and lack of coordination between USAID and UNFPA. This can be cost-ineffective and may even hinder USAID's efforts to promote self-sufficiency. The two potentially overlapping projects for the underserved Sierra population are an example of this potential overlap. It is obvious that the two proposed donor projects for some of the same (5-8) provinces in the Sierra need to be coordinated in order to be fully productive.

The other major FP donor is IPPF/WHR, whose direct support has for years comprised a major portion of APROFE's budget. USAID should strive toward closer donor coordination with IPPF/WHR, as this will be crucial as APROFE moves toward self-sufficiency. If APROFE simply moves from one donor to another for support for the same FP activities, little will be gained. If, however, a consistent message on self-sufficiency is given by donors, APROFE will be more likely to advance to develop these resources. Funding levels need not necessarily be reduced, but could be structured so that APROFE can judiciously expand services while committing itself to assuming a larger percentage of operating costs.

An area that offers good potential for donor coordination is that of supply of vehicles and other equipment and supplies. APROFE and CEMOPLAF, for example, will need additional vehicles, audio visual equipment, and family planning films and other IEC resources to increase family planning use in Ecuador.

Recommendation

- USAID should increase budgetary support and arrange for the procurement of vehicles and audio visual equipment, films, tapes, and associated equipment for use in IEC and service delivery programs. In the event that U.S. vehicles and materials and equipment cannot be obtained, JOICFP or other donors could be requested to assist. Vehicles factory-equipped to provide audio cassette-speaker systems, external speakers, and portable film

projector equipment should be requested. Video cassettes and VCRs for clinics will increase effective visits while the multi-media vehicles will increase field efficiency and serve IEC/motivation needs in the field (see Section on IEC below).

6. INSTITUTIONAL ANALYSIS

6.1 APROFE

6.1.1 Management Systems

APROFE is the oldest and largest private FP organization in Ecuador and has a sound track record of service delivery and institutional development. As the local IPPF affiliate, it receives funding and technical assistance through its Guayaquil headquarters office, as well as from the local IPPF/Quito office Project Coordinator. Its General Assembly is composed of 26 members who elect a Board of Directors for two years and a Treasurer and Executive Director for four years. The present Executive Director founded the organization in 1965 and has provided national leadership in dealing with Ecuador's increasingly severe population and family planning problem. APROFE offers services through 19 clinics located in urban areas and a network of some 600 community based distributors.

The organization, while still highly centralized, has good clinic administration, logistics, management, personnel practices, supervision, staff development, project monitoring and evaluation and general administration. Due to the highly centralized management, however, the communication and interchange across departments and sharing of resources is limited. In addition, its very strong physician orientation has biased the development of the CBD and IEC programs and may have limited the use of professional administrators. There is a need for communications, supervisory, administrative, logistics and other specialty and support personnel in APROFE's CBD and IEC programs. These personnel are needed and will supplement the program management.

APROFE has been slow to accept technical assistance designed to improve financial management in the area of income generation, planning and cost analysis by method. The computerized management information system offered by IPPF that is currently in use, TECAPRO, provides significant management information decision making. The USAID sponsored technical assistance in financial management offered under MSH/FPMT/Stern & Company has been put on hold. The financial management information system that is being developed for other agencies under the contract is specifically designed to link service delivery with financial data.

APROFE's budgets since 1981 reflect a steady growth, although the organization continued to depend, in 1989, on external donor support for 83 percent of its support, with the largest contributor being A.I.D. It should be noted that salaries account for 63 percent of its 1989 budget. Local support, which amounted to 25 percent of its budget in 1986, has fallen to 17 percent in

1989 due to inflation and devaluation. This support is derived from fees generated through APROFE clinics. Some income is also generated from the interest received from bank accounts where IPPF funds are deposited.

Conclusions

APROFE has developed a variety of skills in areas such as clinic administration, clinical protocols, supervision, training of clinical personnel, logistics management and management of the CBD system, all of which are saleable commodities.

The centralized management structure of APROFE is limiting its reach into more distant marginal communities and rural areas, restricting moves to decentralize its operation and explore collaborative possibilities with other institutions involved in FP

APROFE has not, however, seriously addressed the matter of self-sufficiency, relying instead on continued outside support for its activities.

The Board of Directors and the General Membership are composed of influential persons who have supported the organization to some degree. It is judged that their support could be increased. They could be encouraged to increase their own Agency's visibility and use their influence to support APROFE's further expansion.

USAID is supporting the salaries of 137 employees, or 60 percent of APROFE's total personnel. Not all of A.I.D.'s funding is under this FP Project. USAID's contribution to the total organization's budget is 38 percent.

The organization has shown steady growth in budget and service delivery thus far, but in resisting outside technical assistance in the areas of planning and cost analysis by clinic, it will lack a significant management tool.

Recommendations

- APROFE should market its skills in the areas of clinic administration, logistic management, and training.
- APROFE should develop more equity similar to the investment planning of other private organizations, the Board of Directors and the APROFE Membership should be encouraged to help APROFE reach its financial security goals.
- APROFE should work diligently to decentralize its management so that individual clinics begin to carry out their own planning and budgeting. This is particularly important if clinic management is to become more cost

effective and management information is to be linked with cost data.

- APROFE should be encouraged to work more closely with the financial management technical assistance offered by MSH/FPMT/Stern to improve its strategic planning capability and financial management to work toward self-sufficiency.

6.1.2 Service Delivery

APROFE provides quality FP services to predominantly urban clientele through clinic based services which are heavily physician oriented. It is of concern that in APROFE's clinics IUDs significantly dominate as the method used. Clinics claim 94 percent, 93 percent, 96 percent as highest percentages. The 1988 data show that 9 of the 13 APROFE clinics claimed that more than 80 percent of users received IUDs.

Although each clinic has personnel who provide information on FP methods choice in regular small group sessions, it could be that obstetricians or physicians overwhelmingly prefer the IUD. As discussed earlier, the IUD with its 25 years of protection measure, is also more "profitable" in helping an agency reach its CYP targets than are many other methods. In view of these concerns, USAID plans to initiate a review on the issue of informed choice.

Recommendations

- APROFE, with the assistance of IPPF/Quito, should review its clinic based services to assure that adequate education on the choice of methods is being provided. A review of A.I.D.'s target indicators would also be appropriate.
- In examining opportunities for cost recovery within APROFE's service delivery operations, the addition of laboratory services (e.g., pap smears and others) and of more general MCH services to clinics, as well as clinic efficiency studies, are in the early phases. APROFE should study the possibilities. APROFE should also study the possibility of expansion into periurban and underserved rural areas, especially if their well-established and urban clinics can cross subsidize the expansion.
- Another opportunity for APROFE to recover costs in connection with service delivery might be to convince the Junta de Beneficencia to include FP services as an integral part of their services to indigent populations, or at least to subsidize the FP services provided by

APROFE. Currently the major APROFE clinic is located right next to the Junta maternity hospital, and APROFE provides the FP services to hospital clients. If the Junta began to reimburse APROFE for these services, even for a moderate percentage of the costs (provision of FP methods, laboratory work), APROFE would recover some of its costs. Perhaps equally important, using APROFE might lead to an increased commitment to FP services on the part of the Junta Directorate.

This may be a temporary approach which would have both cost recovery benefits for APROFE and an increased commitment by the Junta to inclusion of FP benefits to its patients. In the long run, however, APROFE could work with the Junta Directors to encourage them to include FP services either separately or as an integral component of the MCH services they offer to patients.

APROFE could assist the Junta hospital management by providing the development of norms, training, and initial supervision of medical and midwife staff in FP methods, including IUD insertion. Ideally, the hope might be that the Junta assume the operating expenses of the APROFE clinic (operated along side the hospital) and slowly place its staff in the positions currently held by APROFE, allowing APROFE to expand into other underserved areas.

6.1.3 CBD Program

APROFE's CBD program statistics for 1988 show oral contraceptives as the predominant method, with 167,663 cycles sold accounting for 13,051 CYP (this is an increase of 55 percent from 1987 figures). Distribution of condoms has almost doubled since 1987, with 187,800 distributed in 1988. It is expected that the increase is heavily influenced by the public's response to the AIDS informational campaigns.

There is concern that, although APROFE's CBD program has been in existence for more than 20 years, it has generally not received the strong, consistent attention, supervision and administrative support needed to enable it to play a larger role in APROFE's FP services. Average distribution per distributor is low, presumably reflecting a passive supplier. This could be due to the heavy physician orientation in APROFE, which is typical throughout Ecuador. APROFE's CBD program generally operates peripherally to other departments within APROFE; for example, the training (IEC) division does not coordinate or plan training jointly with the CBD staff.

The recently funded CBD support has provided additional resources for mobile medical supervisory units for each region, and

the training of CBD distributors and supervisors. There is need for a tiered supervisory system rather than one or two regional medical supervisory personnel, each with approximately one hundred distributors. This tiered system would allow for the kind of supervision that would stimulate distributors to be active FP methods agents: It would include support with health information and motivation, not just medical/clinical back up.

In summary, the CBD program provides community based sales and information services but is not integrally linked with APROFE's clinical operations. Program supervision requires review and rejuvenation.

Recommendation

- There should be a revitalization of the CBD program and its redirection to attract more rural users. This is crucial to the maintenance and expansion of programs, especially into rural areas where prevalence is one-half that of the urban population. The revitalization will require funding for additional training, a strong marketing perspective, logistics, supervision and strong IEC support. Such an investment by APROFE would be justified by the increased numbers of users in underserved, especially rural, areas, and a potential of some increased cost recovery through increased sales

6.2 CEMOPLAF

6.2.1 Management Structure

CEMOPLAF has a well-structured and decentralized management system. Over time, it has worked toward the progressive development and expansion of services within a long-standing commitment to cost recovery leading toward self-sufficiency. Each clinic manages its own personnel, finances and service delivery

Personnel management is solid and the salary levels and mix of personnel for service delivery reflect an institutional commitment to quality services, as well as the need to sustain the organization with its own resources and systems. Incentives for personnel consist primarily in the support from, and the kind of treatment offered by, management, rather than in financial increases.

6.2.2 Progress Toward Self-Sufficiency

CEMOPLAF already carries out a series of analyses that allows it to cross subsidize services both within clinics and from more to less established clinics (i.e., those that are newer or those that are attempting to reach rural or other underserved areas).

CEMOPLAF's five-year plan, now in preparation, is based on a strategy that includes progress toward self-sufficiency. Part of the strategy concerns a cost study that will be carried out with the assistance of Stern & Company. This will enable CEMOPLAF to establish costs for all its services so that prices can be set above costs and the difference can contribute to ongoing program expansion.

Within USAID/Quito's project assistance, CEMOPLAF has initiated and operates five laboratories that are now cross subsidizing other services.

CEMOPLAF has worked to strengthen its informal relationship with the public sector through the occasional assistance it provides to public clinics. This assistance includes temporary provision of contraceptives during outages, as well as of instructors, laboratory services and clinical sites to train MOH personnel in FP techniques.

At the Board of Director levels of CEMOPLAF, the organization has an involved membership which it consults concerning ways in which to generate income and to plan for self-sufficiency. The membership originally loaned the organization the 13,600,000 sucres necessary to purchase the building where the organization's headquarters are housed. CEMOPLAF occupies one floor of the building and rents the remaining space, for which it receives a monthly rental of 225,000 sucres. This is used to repay the membership loan. CEMOPLAF also has invested in a piece of property on the periphery of the city and has plans for relocation to that area.

6.2.3 Management Information Systems

CEMOPLAF has introduced accounting and reporting procedures to the participating clinics, and financial and statistical data are received from the clinics monthly. These reports are written or typed, and upon receipt at CEMOPLAF headquarters, the information is transferred to other ledgers and journals and recorded by hand. Management believes that transposing the data from the individual clinics by hand and performing basic arithmetic steps with the use of a calculator is the best way of ensuring accuracy. Although there may be some degree of truth to this, it reflects the conservative attitude of the organization: the desire to retain time-consuming and costly methods of managing data rather than to explore the use of modern management information systems. This is surprising as CEMOPLAF uses a progressive approach in many aspects of its operation. Stern & Co. could likely wean CEMOPLAF from this traditional approach by analyzing the time and costs involved.

In 1988 CEMOPLAF distributed to new, continuing and non-clinical acceptors 7,933 IUDs, 40,848 cycles of orals, 219,414

condoms and 38,907 units of foam. The IUD was the leading method accepted by new users (47.7 percent), followed by orals (30.7 percent) and barrier methods (21.6 percent). The oral contraceptive, Microgynon, a product manufactured by the German Company SCHERIFARM, is favored by Ecuadorian users.

CEMOPLAF has demonstrated its ability to generate income through its clinics, at which MCH, pediatrics and other services are provided in addition to FP. Total income generated in 1988 was 66,353,667 sucres, representing a 70 percent increase over 1987. The major source of income was FP services, accounting for 46 percent of the total and representing a significant 55 percent increase over 1987. Following FP, the categories producing the largest amount of income were other exams (19 percent), pap smears (16 percent), and CBD (10 percent) (see Appendix D, Table 1).

6.2.4 Service Delivery

CEMOPLAF has a mix of urban and rural clientele and is gaining increasing expertise in serving indigenous populations, thanks to its clinics in Pujilí, Otavalo and Cajabamba. CEMOPLAF has a strong clinic based service delivery system. Its CBD distribution is an active, energetic force in promoting FP services and supplying methods.

Training of secretarial and other support staff in addition to clinical staff has made it possible to use them to support FP activities. New promotion staff has been hired, but still others are needed. The IEC section discusses the efforts needed to support CBD and to increase community receptivity and information that should increase FP users.

The "indigenous" pilot project increases CEMOPLAF's expertise in serving this underserved population. Rural Indian populations are particularly hard to reach, and the Indian women under 25 years of age constitute the single category of highest need for FP education and services.

CEMOPLAF is seeing an increase in the number of users under 25 years of age. The agency provided FP services to 5,961 under-25 users in 1986. This rose to 6,931 in 1987 and to 8,181 in 1988, an increase of 16 percent and 37 percent respectively. Particularly significant about this age group is the response of the rural indigenous populations. There was a total of 32 new users under 25 years of age in 1986 in the clinics located in Pujilí, Otavalo and Cajabamba before the start of the pilot Indigenous Project. In 1987, that number had increased to 286 and in 1988 to 758. These figures represented increases of 793 percent and 2,268 percent over 1986 user levels (see Appendix D, Table 2).

6.2.5 CEMOPLAF Support to Associated Physicians

A non-project support FP program carried out by the group, Medicos AOV, carries out sterilization procedures using minilaparoscopy kits. This program began in March 1988, but procedures were not carried out until September, when the minilap kits were made available. There were 276 cases completed during the period September 1988 through February 1989. The program is conducted in 9 provinces at the present time (see Appendix D, Table 3). Costs for the above period have amounted to 4,354,651 sucres. There are 18 physicians participating in this program and they charge 15,000 sucres per procedure. Estimates are that the physicians can earn from 2,000 sucres to 4,000 sucres per client. Where necessary, CEMOPLAF subsidizes up to 30 percent of the cost. To date, 5 percent of the cases have been subsidized. The clients include both those known to the physician and referrals from CEMOPLAF. CEMOPLAF recruits the physicians, giving priority to those who own their own clinics. The physicians enter into a contract with CEMOPLAF for three years. Under the contract, the physician assumes full responsibility and must return the minilap equipment if he/she decides to discontinue participation in the program. Each physician undergoes a five-day training period in Quito and is required to submit a monthly activity report. The program has learned that people generally do not know about sterilization and that there is a high number of referrals from those clients who have been sterilized.

Conclusions

CEMOPLAF's experience in operating laboratories, some of which have become self-sufficient, could be useful as a training program for other FP agencies, both nationally and internationally.

CEMOPLAF's relationship to the MOH through loans of commodities and technical assistance would allow it to consider provision of other clinical services for a fee.

CEMOPLAF is currently pricing Microgynon at 100 sucres, considerably below the market price of 180 sucres, and nowhere near the 1 percent minimum wage price of 270 sucres.

CEMOPLAF has demonstrated its ability to reach the under-25 age group, not only in the urban centers but also in the indigenous areas. CEMOPLAF's service delivery to this population will require improved personnel selection and training and an increased marketing approach.

The sterilization project conducted by the CEMOPLAF affiliate has proved profitable for the participating physicians and more are scheduled to join the program in 1989. Clients who have undergone the procedure are referring others.

Recommendations

- CEMOPLAF should publicize and offer its expertise as a training center for private FP agencies interested in learning how to develop clinical services management, logistics systems management, and cost recovery and self-sufficiency. Short-term observation tours to a CEMOPLAF clinic following national or international FP conferences or other study programs should be encouraged to complement those programs. This development should be carried out carefully to assure that the quality and expansion of CEMOPLAF's own programs do not suffer
- CEMOPLAF should explore with USAID, UNFPA and other donors, ways in which its expertise in clinical operations management, training, IEC and CBD could serve the GOE public health sector. It should also be considered as a resource for the upcoming Operations Research Project (the CEPAR/COF/Quito Municipality FP Project).
- CEMOPLAF should continue to carry out its periodic review of the amount charged for various contraceptives, with an eye to appropriate increases. This, of course, should be balanced with the expansion of programs to the underserved.
- USAID should continue to work with, and should provide additional funds to, CEMOPLAF to initiate IEC campaigns to maintain current users, interest more potential users, and especially to reach out aggressively to the under-25-aged rural Indian populations. Training for IEC and social marketing is needed.
- CEMOPLAF's affiliate, Medico's AQV, should explore additional areas in Ecuador where its program could be introduced. The apparent interest in this program on the part of the medical community indicates that it is a profit-making vehicle as well as offering the best contraceptive method.
- USAID should consider the extension of support, as needed, after the FPMT contract to continue the financial management technical assistance at an appropriate level

6.3 CEPAR

6.3.1 Findings

Both the project paper and amendment 14 discuss the need for CEPAR to develop a financial capability that will help it to

become independent of outside donor assistance by 1991. The organization has grown professionally and can be considered today as the one research institution in Ecuador involved in research and dissemination of information about the economic, health and environmental consequences of rapid population growth and the benefits of population policy development and programs of family planning. It has yet, however, to establish a solid structure for generating an adequate income base. Part of the reason for this rests with the nature of this type of organization: As a research institution, it does not provide clinical services and, therefore, cannot derive income from these services. For other FP agencies, service-related income is their most consistent and obvious source of income.

It is clear, however, that the organization needs to strengthen its management capability and develop the systems necessary to attract revenue from a variety of sources. CEPAR has now taken a first step toward this end by working with FPMT/Stern & Co., which will develop a package for improving strategic planning and management systems as well as indicating alternative sources of income and the steps necessary to achieve them. More needs to be done, however.

One way in which FPMT/Stern might be particularly helpful would be in the area of personnel. CEPAR currently has four division heads working on a part-time basis. Pursuit of research contracts and other projects, however, requires full-time staff. Another area is budgeting, and particularly the need to study budget categories to determine how costs could be retrieved and a profit returned. Other areas in need of review and strengthening are CEPAR's basic management systems and the implementation of such procedures as personnel evaluations and merit pay increases. Finally, it is not known to what extent CEPAR has implemented new procedures to deal with the findings of the Price Waterhouse audit of June 1988.

6.3.2 Conclusions

CEPAR's leadership, including its 18 Founding Members, has not actively sought new ways to become less dependent on outside donor assistance. Although some support for research and policy development can reasonably be expected from donors, CEPAR has not been aggressive in seeking a mix of donor contracts. The organization, however, has gained considerable recognition in the area of demographic research and could continue to contribute significantly by influencing FP policy development. To do so, however, there needs to be improved communication between CEPAR and the two major service provider organizations, APROFE and CEMOPLAF, as well as with other national institutions. Specifically, CEPAR's expertise in demographic research should be used to a fuller extent by both of the two service provider organizations.

CEPAR needs full-time personnel who are committed to the organization. Part-time personnel, while an advantage during the start-up years, are presently limiting the organization's growth in terms of realizing its full potential as a going concern. The division heads, although highly qualified professionals, cannot fully contribute to the institutional development of CEPAR while they have primary allegiance to their full-time employer and their concern for job security is satisfied.

Since 1987, CEPAR has incurred printing costs amounting to U.S.\$40,000 per year. In that year its printing budget was U.S.\$47,300 or 18 percent of its total budget. In 1989, printing will account for 16 percent of the total budget at a projected cost of U.S.\$33,560. The proposal to purchase a printing machine that would not only serve to cut operational costs for CEPAR, but also to generate income, has been previously discussed and rejected. The issue should be reexamined.

CEPAR needs to develop basic personnel procedures that will attract and keep highly qualified personnel. Periodic personnel evaluations and merit pay increases are other incentives that can serve as important management tools of great value, not only to the organization but to the employee as well.

CEPAR has taken steps to improve its accounting and accountability and to implement the recommendations formulated in the recent audit. FPMT/Stern & Company's assistance has already begun. This will include strengthening the organization's strategic planning, organizational and financial management through the use of computerized financial systems. These will enable the organization to plan and budget effectively, identify areas of resource generation--i.e., establish reasonable overhead rates--to generate solid proposals for funding, and to provide reports in a timely manner.

In an effort to increase its income through overhead and new projects, CEPAR is in the process of beginning in June 1989 an urban outreach program in the Quito municipality in conjunction with an FPIA affiliate, the Centro Obstetrico Familiar (COF). COF has been asked by USAID/Quito to work in the Quito urban area. This new project may duplicate some of the efforts of other FP service providers, if care is not taken to improve communication between CEPAR, APROFE and CEMOPLAF. The direction of the effort is laudable; CEPAR will need to define clearly its role and capability in carrying out this effort.

6.3.3 Recommendations

- CEPAR should review, in conjunction with FPMT/Stern & Company, the possibility of purchasing and operating a printing capability that will satisfy its own printing needs as well as generate outside revenues. Discussions

indicate that the technology of printing changes extremely rapidly and will continue to do so, however, CEPAR should reconsider this option, given the high cost of contracting out this service.

- CEPAR should review its personnel policies and systems in conjunction with IPPF and FPMT/Stern & Company, to ensure that they are up-to-date and competitive with other organizations in terms of salary and benefits. A job analysis should be conducted and pay scales developed for each position.
- CEPAR should review, in conjunction with Stern & Company, the actions taken to comply with the observations and recommendations made in the Price Waterhouse letter of June 17, 1988. This would help ensure that CEPAR is taking the appropriate steps to strengthen its accounting system. This review would also allow the organization to improve its overall planning.
- USAID/Quito should review the urban outreach program, given that IPPF/Quito, APROFE, and CEMOPLAF have declined to participate. After review and joint discussion, a new/adjusted approach by IPPF/Quito could be structured. The advantage of IPPF/Quito's participation would be that, as the coordinating organization for the private sector FP project, IPPF has gained considerable insight into the organizations' character, policy, administration and service delivery capabilities. IPPF/Quito could assist the urban outreach project in project implementation, based on IPPF's experiences worldwide.

6.4 Fundacion Futura

Fundacion Futura is a newly formed non-profit institution whose purpose is to assist the well-being of the Ecuadorian family. Approved by the GOE in April, the foundation met in Guayaquil in May to elect officers. At present, it is related to the SOMARC CSM Program and serves as the sponsor for CSM activities and promotion. The founders are private sector leaders in communication (television, press), industry (several manufacturing companies), physicians, lawyers, non-profit organizations, a former Ecuadorian Ambassador, all of whom are generally highly respected and influential men and women.

As a newly constituted, influential private sector non-profit organization, Fundacion Futura has an excellent potential to serve a broader family planning related role. This may include coordination among the private sector and possibly with the public sector agencies, public relations and public opinion, increased favorable press for family planning, and assistance in counteracting and replying to negative family planning rumors,

reports or criticisms.

6.5 Coordination and Implementation Strengthening

Within the private sector, the increasing number of family planning service and/or information related organizations is making communication and coordination among them ever more complex. The organizations include not only APROFE, CEMOPLAF, CEPAR, COF, and Fundacion Futura, but also pharmaceutical manufacturers, distributors, pharmacies, and others, as well as public sector ministries, institutions, and groups. There is an obvious need for mutual support, cooperation, and communication. In many cases, discussion could lead to solutions for common problems, e.g., with respect to pricing/importing regulations; advertising and promotion and education matters; political attacks against methods or providers; underserved populations including adolescents, urban poor, rural poor; the need to educate and motivate males about their roles, new opportunities for promoting family planning; and more.

Conclusion

A family planning council would provide a forum for communication, mutual support, coordination, and the promotion of family planning in Ecuador, as well as an opportunity for each family planning organization to explore new resources and ideas. USAID has supported the formation of a council, although to date there has only been a modest level of interest. An assessment of the reasons for the lack of enthusiasm should be explored before additional efforts are made to promote the idea.

Recommendation

- APROFE, Fundacion Futura, CEMOPLAF, CEPAR and other organizations should form a family planning council to assist in coordination, innovation, solidarity, and mutual support, and to serve as a forum for communication and promotion of family planning.

7. PROGRAMS AND ISSUES ANALYSIS

7.1 Information, Education and Communication Programs

7.1.1 Overview

IEC is vitally important to successful FP programs. Family planning IEC promotion is not an expense. It is an investment which will bring a return of increased contraceptive use. The gap between actual prevalence and expressed intention must be closed by the IEC/motivation investment.

The IEC personnel in APROFE, CEMOPLAF, and CEPAR do not have either the necessary IEC experience or the education/training, or both, to develop strong IEC programs. Although each institution has developed some IEC expertise worthy of recognition, staff do not have an adequate level of conceptual and practical management of key communication issues. The result is evident in the products of the programs.

Existing materials are comprised primarily of booklets. These are useful but do not serve to communicate with, and promote family planning to, all members of a target population. Clinics have relatively few IEC materials. Those that are available need to be more creative, if they are to communicate with clients. On the outside of CBD clinics, the identity of each organization is usually provided but the signs or posters do not convey messages of friendliness, welcome, professional pride, and ease of entrance. In most of these cases, the evaluation found the omission of good IEC, rather than the presence of bad IEC, most striking.

Systematic pretesting of materials and radio messages through sampling of the target audience should help a group develop clear and powerful messages. Developing and giving authority to IEC managers may increase overall FP program sustainability and communicate that management is interested in human resources development and recognition of effort and achievement.

The Population Office is committed to improving IEC capabilities and has been encouraging IPPF to organize an IEC committee that would include the three private organizations and also SOMARC. A preliminary meeting held by the Mission in mid-1987 also included representatives from the public sector programs. This was followed up two years later by a meeting organized by IPPF, designed to attempt to launch a coordinated IEC policy. These are commendable moves.

Conclusion

Although existing personnel are not fully trained or experienced in family planning IEC concepts or practice, they are enthusiastic, potentially capable, and they have expressed interest

in increasing their capacities and producing more effective plans, materials, and messages.

Recommendation

- USAID should consider additional budgetary support to introduce and incorporate a strong vital marketing and communication orientation within the private sector non-profit family planning organizations. This would be in addition to the support for SOMARC. The USAID Population Office should make clear its commitment to IEC as a vital component, as a complement to expansion of services, and in line with the self-sufficiency marketing orientation. IPPF has the charge to coordinate IEC activities. Communication training for personnel should be carried out for staff in management, IEC, CBD, clinics, as well as for the financial, research and evaluation staff of the three family planning organizations. Components should include receiver orientation, organizational communication, feedback, diffusion of innovations, and the principal marketing elements of target markets, products, pricing, promotion, distribution, packaging, market research, and consumer orientation
- USAID should also support out-of-country, short-term IEC training for two key IEC persons (up to 6 weeks) from each organization and short-term materials development and production training.

7.1.2 Targeted Campaigns

Family planning messages have been developed and used as the basis for printed material and radio announcements. The messages are general in nature, providing basic information about family planning, its methods, and service locations. Some of the radio messages seem attractive and are recalled by listeners. Some specific target groups, however, are not receiving motivation, information, or education, and these represent an opportunity and challenge for IEC. Among these are males, adolescents and under-25 age groups, urban poor, rural poor, and the rural Indian populations.

In addition, there are opportunities for generic family planning campaigns and public relations work. Appropriate images, colors, traditional and modern media, testimonials, athletic events, and cultural themes are all examples of ways to stimulate target groups. All need to be pretested.

Conclusion

With the proposed training and orientation, the responsible IEC personnel will contribute significantly to a new

period of creative and effective motivation and IEC campaigns for family planning needs in Ecuador.

Recommendation

- New IEC and promotion campaigns and activities should be undertaken, including the following:
 - segmented campaign messages for three underserved groups--under 25 years old, urban poor, and rural poor;
 - a male family planning motivational campaign;
 - an adolescent campaign using adolescent research, messages, and media;
 - renewed and activated communication strategies, plans, ideas, themes, and materials for each organization including each service group, i.e., clinics, CBD, and PHP;
 - generic and public relations messages from the Family Planning Council, Fundacion Futura, or from individual organizations;
 - an indigenous communication strategy and plan to reach indigenous populations; and
 - IEC and motivational campaign and materials for overall family planning needs.

7.2 Operations Research

7.2.1 Overview

Operations research (OR) guidelines should be developed and used by the Mission. These should at least be basically consistent with USAID's overall approach, which combines cost recovery leading toward self-sufficiency with provision of services to the poor. OR design should be based upon current literature and experience to avoid testing methods that have proved costly and unsuccessful in other countries. OR should be designed with care to avoid creating a structure/organization with unusually high salaries and overhead that can later not be sustained by the institution. Special emphasis should be placed on the design to assure quality of care and adherence to GOE/MOH norms for clinical care.

7.2.2 Review of CEPAR/COF/Municipalidad of Quito Operations Research Project

The CEPAR/COF/Municipalidad de Quito OR project has been developed to carry out research and provide clinical FP services to Quito urban marginal areas through COF, with research support from CEPAR. The project strategy--to fund traveling vans carrying staff and portable gynecological examining tables to be set up in portable (one-two day) service sites--raises some concern, however, particularly in view of USAID's commitment to high quality family

planning clinical services. The question is whether these facilities can guarantee a level of quality that will inspire the public's confidence.

Funding for CEPAR and COF to provide the administrative structure, staff, vehicles, and services in areas already served by CEMOPLAF and the MOH may also be counterproductive. Equally important is that consistency of care, privacy, record-keeping and patient follow-up can not reasonably be assured when services are rendered in promoters' homes two days a month. The clinical supervision by the Director of COF for four hours per week is perhaps not adequate. Finally, to fund agencies for new projects for two years, with expectations of additional years without explicitly building in expectations for their cost recovery, is inconsistent with USAID's message to FP agencies in Ecuador.

7.2.3 Public-Private Sector Collaboration -- Collaboration with Other Donors

Recommendation

- USAID should cooperate with other donors to sponsor a serious investigation into the cooperation possible at the operational level, to obtain a productive, non-competitive collaboration among private, public and commercial groups to increase FP services. This is increasingly attractive as the MOH decentralizes authority to the regions. For example, the largest single budget item influencing private sector FP services sustainability is the salaries item (50+ percent of budget). Operations research could be used to study a possible mix of MOH and private sector staff within a private sector service clinic.

The study could be done to test the feasibility of placing within private FP clinics, selected MOH personnel who would have been trained and supervised and who would operate under the private institution's guidelines and norms. It is hypothesized that there could be a successful collaboration model using the public sector manpower resources supervised by private FP agencies, which supplement their staff and thereby reduce salary expenses. It could then be possible for the private FP agency to extend services, moving experienced private sector staff to new clinics to expand agency services. It is judged that the private agencies' administrative structure and the setting of norms, and the availability of supplies and clinical supervision, will result in the high performance of MOH personnel. This exchange of staff could also strengthen other cooperation of private and public sector FP activities at the operational level.

7.3 Training

Finding

Key managers of APROFE, CEPAR, and CEMOPLAF maintain management styles and communication behaviors that sometimes conflict due to differences in styles and communication, rather than basic content or intent. As such differences are not uncommon among managers in similar situations, the potential for improvement seems very good, providing all key managers received the same orientation and communication experience.

Conclusion

The key managers will benefit from management and communication training, and the overall outcome should benefit the individual organizations and the group as a whole.

Recommendation

- Additional budgetary support should be provided for modern management and communication methods training and orientation. Such training would help develop and improve management and coordination within and between organizations.

7.4 Contraceptive Social Marketing/SOMARC

Findings

CSM plans and activities are progressing. Fundacion Futura began airing television and radio spots during the current evaluation period and these appeared to be well received (no known negative reactions and several positive comments by APROFE and CEMOPLAF). There are two SOMARC contract representatives located in Quito, one who has worked on the SOMARC program since 1987, and the other since late 1988. Both have good skills in advertising, but although the CSM staff seem especially competent and positive in advertising, they have had little experience in dealing with non-commercial family planning and health organizations.

SOMARC's home office and/or regional representative has had more experience in this area and could provide assistance to the SOMARC representatives in Quito.

Conclusion

The local CSM representatives would benefit from additional orientation and communication skills when dealing with non-commercial, non-advertising family planning/health and development organizations and individuals.

Recommendation

- SOMARC should provide additional technical guidance and orientation to the SOMARC's representative in Quito, in preparation for coordinating and communicating with non-commercial family planning, health and development organizations and individuals in Ecuador.

7.5 Population Policy Development

A wide range of population education and FP services has been developed in the past 20-plus years without the umbrella of a formal population policy. It has been repeatedly stated that the past GOE administrations and their policymakers have deliberately allowed population and FP activities to take place in an atmosphere of tacit non-intervention.

Two years ago a population policy was developed and approved by the GOE. The current administration has not formally announced either its support or its rejection of this policy. It is clear that there is increased receptivity due to the efforts of private FP agencies' work and that population education, FP service delivery, and even a new expanded mass media promotion campaign continue to be carried on without incident.

The current GOE Five Year Development Plan has not included population as a major component. It has been stated by several analysts that, given the architects of the Plan in CONADE, serious effort to pressure GOE policy advisors would be counterproductive and lead to their articulating a conservative population policy stance.

The preferred course is for USAID not to increase significantly their efforts to pursue the development of population policy but rather to continue FP services, population education of leaders (especially at the regional level), IEC and other FP/population activities. It is judged that the tacit neglect by GOE policymakers is preferable to a formal policy which, if developed under current leadership, would likely be conservative and unfavorable to population and FP programs.

It is further judged that current policy development and leadership sessions on population orientation should be shifted, at least partially, to focus on the regional/provincial rather than on national leaders.

Recommendation

- Given the preceding analysis, no significant additional USAID support should be considered for direct population policy development within the remaining years of the FP project. Emphasis should be placed on the implementation

of the policy in the areas of delivery, promotion of FP leadership groups, increased public relations to improve FP images, and increased support for population related decisions concerning the environment, national planning, i.e. , the implementation of the current policies.

7.6 Product Continuity/Commodity Source

Restrictions on A.I.D /Washington regarding contraceptive purchasing and bidding have, for some time, resulted in inefficiencies for family planning groups and frustration among users. For example, a woman may join a program and adopt a particular brand of pill. In a year or less, that pill might no longer be available through the program. This could result in the woman's dropping out of the program. To avoid such a situation, and to assist programs in recovering costs, a reliable source of contraceptives is needed. If A.I.D. cannot assure a consistent supply of brands, it might be able to combine purchases through several Missions or help negotiate a steady source through one or more companies.

Conclusions

A.I.D /Washington should assist family planning agencies and their prospective clients by helping to provide consistent sources for contraceptive products.

Recommendation

- A I.D./Washington and the Ecuador Mission should make a renewed effort to assure that the same contraceptive brands are available to providers and users for periods of at least ten years. This should increase user confidence and continuous use. As an alternative, providers could be assisted as much as possible to help them find continuous, locally available sources at fair prices.

7.7 Pricing

Pricing structures of APROFE, CEMOPLAF, COF, and of commercial brands reflect differences of many kinds. APROFE's prices for certain products are significantly higher than those of CEMOPLAF, but in some cases this situation is reversed. There is a need for each to be reviewed internally by APROFE and CEMOPLAF, and then compared with commercial and other agencies prices. One phenomenon is unusual for a country: APROFE's price for the Microgynon brand pill is as high as the commercial pharmacy (Schering) price, i.e. APROFE 170 sucres, pharmacy 150 and 180 sucres, and the APROFE price does not include clinic visit fees (see Appendix D, Table 4).

Conclusion

Pricing reviews are needed.

Recommendation

- Pricing structures and strategies for each product and service should be reviewed regularly (at least once each quarter) by IPPF, CEMOPLAF, Fundacion Futura/SOMARC, and APROFE to ascertain whether they are consistent with the philosophy, goals, and needs of each organization, that they are tested and adjusted as needed to be appropriate for their target populations, and that the prices are appropriate in relation to other market prices.

8. OPPORTUNITIES FOR EXPANSION

8.1 Employer-Based Enterprise Project Opportunities

The Enterprise Project made exploratory visits to Ecuador in 1986 and 1987, setting up one project in Guayaquil with APROFE, visiting some candidate employer companies in Guayaquil, and visiting some groups in Quito. The possibility that 14 companies in Guayaquil might undertake Enterprise-type activities was left pending with APROFE, which was to follow through to determine if such activities would be feasible. Enterprise has indicated that no follow-up reports were received. Enterprise visits to Quito seem to have been restricted to the CEMOPLAF and the USAID Mission

It appears, however, that Warner Lambert/Productos Adams/Ansell in Quito, a company of 300 to 350 employees, is interested in increasing its family planning information and services. It may be that other groups in the Quito industrial area would also be interested. The original 14 companies contacted by Enterprise in Guayaquil also represent a good follow-up opportunity.

Conclusion

There remain several opportunities for exploring Enterprise-type programs in Ecuador

Recommendation

- USAID should request that the Enterprise Project return to Ecuador to continue with technical assistance to pursue employer-based family planning opportunities. Assessment visits should be made throughout Quito and follow-through visits in Guayaquil with the 14 candidate companies reported to be under consideration by APROFE and Enterprise in 1987.

8.2 Pharmacies as Family Planning Centers

Pharmacies have sold contraceptive products for a long time. Pharmacies are usually thought of as the primary commercial location for purchase of contraceptives. Increased attention has been paid to these outlets since the beginnings of CBD, CRS, and CSM programs. Training of pharmacists has resulted in increased attention and focus on family planning and has helped increase unit sales of pills, condoms, and other contraceptive products.

Concerns have been raised that pharmacy sales personnel tend to put sales above IEC, e.g., they will always sell oral contraceptives but they may not frequently screen the patient or

provide advice about side effects. Additional training, increased IEC materials directed at potential users, and possibly incentive-reward systems within contracts, may be able to change the sales-profit oriented behavior.

The overall potential of pharmacies to become centers for family planning services and information remains a consideration. People go to pharmacists; there is credibility and authority; and products are usually affordable. With significant numbers of customers, distribution skewed heavily to urban and populated areas, and a tradition of health-related cures at lower than physician prices, the pharmacy potential is real and worth pursuing, especially to meet underserved urban users. Since pharmaceutical manufacturers such as Scherifarm have already demonstrated their interest in entering agreements for the promotion of contraceptives through pharmacies and have agreed to provide some IEC and marketing training in family planning, these resources should be explored further.

Conclusion

Pharmacies represent a good potential for increasing family planning IEC, motivation, and services through both information and educational interaction and displays, sales of contraceptives, and referrals of customers to other service providers.

Recommendation

- The newly proposed family planning council or Fundacion Futura/SOMARC should request resource assistance from local pharmaceutical companies and provide additional budgetary support as needed to design and further develop the potential of pharmacies, including rural pharmacies, to serve as centers for FP information and services.

8.3 Armed Forces Clinics

APROFE and CEMOPLAF have recently assumed the administration of several Armed Forces Clinics that previously received FP support from USAID funding. The clinics are established and have been functioning in underserved areas of need. USAID, however, has not assured APROFE and CEMOPLAF of the continuance of funding beyond a several-month period. This may cause the clinics to be closed and services discontinued.

It is assumed that the original decision to establish the Armed Forces Clinics was based on a need in these underserved areas and that this need continues to exist. USAID, APROFE and CEMOPLAF have all made an investment in time, funds, and institutional management support, all of which could be lost if funding is discontinued.

Recommendation

- USAID should review the Armed Forces Clinic situation as soon as possible, and if the clinics still merit funding, should establish a plan for a defined term of support through APROFE and CEMOPLAF. This will allow stability to the agencies in the planning, management, staffing, supply and other resources necessary for their operation.

8.4 Private Health Practitioners

Two small programs for private health practitioners with APROFE and CEMOPLAF were started with 15 and 9 physicians respectively. A brief document review and discussion with staff and program physicians does not allow for an extensive evaluation

Several issues are raised, however, especially in light of A.I.D.'s interest in cost recovery leading toward self-sufficiency and the extension of services.

For one, the selection, training and equipping of physicians and obstetricians should be carefully done to ensure that they serve in an area of special need and that they would be the preferred candidate for the limited assistance that is available.

A second concern is that a reasonable investment standard should be established for the cost of supplying a physician or obstetrician to assure a good return on funds invested. These revolving loans should be repaid as soon as feasible to allow the program to expand. Analysis of the cost effectiveness of this project, and the resulting expansion of services to underserved populations compared to other FP interventions, should be done early in the project to make any needed adjustments.

Appendices

Appendix A
Scope of Work

Appendix A

Scope of Work

Department of State

PAGE 01 QUITO 14634 211651Z
ACTION AID-88

6917 069651 X104397

QUITO 14634 211651Z

6917 069651 AID17

ACTION OFFICE POP-01

INFO LADR-03 LASA-02 SAST-01 POPR-01 PPPR-02 IG-01 GC-01
GCCM-02 FVA 01 IT-06 STHE-03 SEOP-01 IGAD-02 FPA-02
FM-02 SERP-01 SECS-02 SEPW-01 /038 A1 VF21

INFO LOG-88 ARA-88 DES-89 /089 W

-----117616 212014Z /38

R 211631Z NOV 88
FM AMEMBASSY QUITO
TO SECSTATE WASHDC 0220

UNCLAS QUITO 14634

AIDAC

FOR ST/POP/FPSD IXOEN

E.O 12356 N/A
SUBJECT POPULATION POPULATION TECHNICAL ASSISTANCE
PROJECT NO. 336-3324)

REF STATE 253338

1 MISSION IS PLANNING TO SUPPORT EVALUATION OF AID-ASSISTED POPULATION PRIVATE SECTOR ACTIVITIES INCLUDING POPULATION FAMILY PLANNING SERVICES RESEARCH AND PROMOTIONAL ACTIVITIES OF THREE ECUADORIAN PRIVATE ORGANIZATIONS CURRENTLY RECEIVING USAID/ECUADOR BILATERAL SUPPORT THROUGH A COOPERATIVE AGREEMENT WITH IPPF/WMR EVALUATION ALSO INCLUDES COMMUNITY BASED DISTRIBUTION, PRIVATE HEALTH PRACTITIONER PROGRAMS AND COMMERCIAL CONTRACEPTIVE MARKETING MAIN PURPOSE OF EVALUATION WILL BE TO IMPROVE PROJECT IMPLEMENTATION FOR REMAINING TWO AND A HALF YEARS OF PROJECT

2 MISSION WOULD LIKE TO BUY-IN TO NEW SUBJECT PROJECT SO POPTECH COULD IDENTIFY CANDIDATES AND MAKE ALL ARRANGEMENTS FOR EVALUATION PRELIMINARY PLANS ARE THAT EVALUATION WOULD BE CONDUCTED DURING FIRST THREE WEEKS IN MARCH BY TEAM OF THREE PERSONS INCLUDING EXPERTS IN SERVICE DELIVERY COMMUNICATIONS AND PROMOTION, AND ADMINISTRATION. TEAM MEMBERS MUST BE FLUENT IN SPANISH AND INCLUDE SOME EXPERTISE IN FINANCING AND COMMERCIAL SECTOR TEAM WILL BE EXPECTED TO COMPLETE ENGLISH AND SPANISH DRAFTS OF PRELIMINARY REPORT WITH MAIN CONCLUSION AND RECOMMENDATIONS BEFORE LEAVING COUNTRY AND TEAM SHOULD BE PREPARED TO MAKE AND FINANCE ALL LOGISTICAL REQUIREMENTS INCLUDING OFFICE SPACE AND ADMINISTRATIVE AND SECRETARIAL SUPPORT EQUIPMENT, AND TRANSLATIONS SERVICES

3 PRELIMINARY OUTLINE OF SCOPE OF WORK FOLLOWS

(A) DETERMINE EXTENT TO WHICH PROJECT OBJECTIVES HAVE BEEN ACCOMPLISHED,

(B) ANALYZE THE QUANTITY QUALITY AND TIMELINESS OF PROJECT INPUTS, OUTPUTS AND OBJECTIVES

(C) IDENTIFY INTERNAL AND EXTERNAL FACTORS THAT HELP OR CONSTRAIN IMPLEMENTATION AND ACHIEVEMENTS INCLUDING AID ASSISTANCE AND MONITORING

(D) ANALYZE EFFECTIVENESS OF PROJECT ADMINISTRATION AND MANAGEMENT

(E) EXAMINE RELATION SUPPORT TECHNICAL ASSISTANCE AND GUIDANCE PROVIDED BY IPPF/WMR IN THE DEVELOPMENT AND MONITORING OF ACTIVITIES

(F) SPECIFIC ELEMENTS TO BE EVALUATED ARE CLINIC OPERATIONS IE AND C ACTIVITIES TRAINING AND RESEARCH AND OTHER AREAS SIGHTED BELOW

(G) REVIEW RELATIONSHIP BETWEEN ST/POP CENTRALLY SUPPORTED ACTIVITY AND THOSE ASSISTED UNDER THE BILATERAL PROJECT

(H) REVIEW PROGRESS TOWARDS LONG TERM SELF-SUFFICIENCY

(I) REVIEW PROGRESS WITH CONTRACEPTIVE COMMERCIAL MARKETING PRIVATE HEALTH PRACTITIONERS PROGRAMS AND EXPANSION OF COMMUNITY BASED DISTRIBUTION PROGRAMS

(J) ASSESS EFFORTS IN INCREASING AWARENESS OF POPULATION AND FAMILY PLANNING ISSUES AND PUBLIC RELATION PROGRAMS

4. MISSION PLANS TO PREPARE PIO/T FOR BUY-IN AFTER RECEIVING ST/POP CONFIRMATION/COMMENTS REGARDING PROPOSED EVALUATION WE WELCOME ST/POP AND POPTECH COMMENTS OF SCOPE OF WORK MISSION REQUESTS THAT ST/POP ALSO CABLE ILLUSTRATIVE BUDGET FOR PIO/T MISSION REQUESTS POPTECH STAFF CONTACT USAID STAFF RIZZO AND GOLDMAN TO DISCUSS DETAILS AND POSSIBLE CANDIDATES FOR EVALUATION TEAM MEMBERS PLEASE ADVISE SOONEST SO MISSION CAN INITIATE PIO/T AND IN-COUNTRY EVALUATION PLANS PLEASE ADVISE HOLWILL

Appendix B

List of Persons Contacted

Appendix B

List of Persons Contacted

Ministry of Health

Dr Jorge Toledo Torre F, Director, Epidemiology, Guayaquil
Dr Luis Enrique Diez Torres, Director, Zone II
Dr Elenor Siguera

USAID

Mr Manuel Rizzo, Population Officer
Dr William Goldman, Director, Health Office
Dr Mario Vergara, Population Officer

IPPF

Mr Alvaro Monroy

CEMOPLAF

Lcda Teresa de Vargas, Director, of Administration
Dra Ligia Salvador U, Technical Director
Lcdo Alberto Loaiza Galvan, Director, Education
Ms Fabiola Sarzosa, Secretary, Clinic #18
Ms Nora Zuniga Moscoso, Animator, Clinic #18
Ms Kathy Herrera, Secretary Clinic #3
Dr Francisco Sevilla, Computer Science

CEPAR

Lcda Betty Proano, Executive Director
Lcda Carlos Benitex, Dept of Information
Lcda Raquel Rosero Bedoya, Dept of Information
Lcdo Juan Paz y Mino, Chief, Dept of Information
Ec Dem Jose Ordonez S, Demographer
Lcdo Nelson Oviedo Valdivieso

APROFE

Dr Paolo Marangoni, Executive Director
Ms Miriam Becera, Director, Information & Education
Jenny Duarte Espinosa, Director, Finance
Lcdo Eduardo Landivar, Director, Operations
Lcdo Guillermo Neira Lindoa, Coordinator I C A. Project
Mr Diego (Jimmy) Maruri Rodriguez, Pers McCann Erickson and
Treasurer of APROFE

CBD Visits

Ms Maritza Torres M Pasquales, Guayaquil (APROFE)
Ms Ana Baldires, Nobol, Daule (APROFE)
Ms Maxima Espinosa, Lomas de Sargentillo, Daule (APROFE)

Proyecto Medicos Comunitarios Asociados

Dr Patricia Gamara

SCHERIFARM, Quito

Mr Rolf Stern, President
Ing Elminia Munoz
Mr Jaime H Gallardo R , Socio

WARNER LAMBERT PRODUCTOS ADAMS C.A., Quito

E F Christian Weise, President

CIESPAL

Dr Juan Ricardo Braun, Editor "Chasqui"

UNFPA

Mr Hector Luis Goglio, Asesor Principal, PF

SOMARC

Ms Rudy Villavicencio, Representante
Ms Katya Zambrano, Representante

VERITAS/OGILVY & MATHER, Quito

Mr Angel R Cordova, Account Executive
Ms Elizabeth Weisson, Director of Accounts
Mr Guillermo Ramirez M , Managing Director, Quito

Appendix C

Bibliography

Appendix C

Bibliography

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Appendix D
CEMOPLAF Tables

Appendix D

CEMOPLAF Tables

Table 1	Locally Generated Income by Year
Table 2	New Users Under 25 Years, by Clinic and Year
Table 3	A.Q V Minilaparoscopy
Table 4	Recommended Methods for 1991 Project Development

Table 1

Locally Generated Income by Year
(Sucre)

Year	Family Planning	PAP Smears	Pregnancy Test	Other Exams	CBD	Rural MD Program	Sonograms	Total
1986	14,196,195	5,733,470	1,537,180	4,917,854	1,103,112	820,949		28,308,760
1987	19,589,603	6,808,300	1,805,395	6,535,330	2,777,196	1,003,708	401,000	38,920,532
1988	30,318,740	10,522,870	3,427,010	12,691,339	6,786,165	1,626,243	981,300	66,353,667

Table 2

New Users Under 25 Years, by Clinic and Year

YEAR	QUITO	QUITO	STO. DOM	QUEVEDO	GUAYAQUIL	ESMERALDAS	QUININDE	IBARRA
1986	429	358	377	690	1,325	459	364	378
1987	421	355	690	666	1,328	412	348	439
1988	393	408	761	623	1,299	582	399	522

TULCAN	RIOBAMBA	LATACUNGA	VENTANAS	GUARANDA	QUITO	PUJILI*	OTAVALO*	CAJABAMBA*
384	351	190	228	145	251	9	11	12
529	446	227	311	186	287	129	93	64
576	501	341	432	237	349	324	244	190

* These Clinics are located in indigenous areas.

Table 3

A.Q V Minilaparoscopy

Number of minilaparoscopy cases by province and month

Month	Tulcan	Ibarra	Sto. Dgo.	Riobam	Quevedo	Quimind	Esmeral	Cajabam	Babahoyo	Total
September 1988	9	8	6	5						28
October	15	9	4	3	1	2				34
November	8	12	3	3	4	12				42
December	11	8	4	2	3	10		9	4	51
January 1989	9	16	5	4	5	15		6	2	62
February	<u>12</u>	<u>9</u>	<u>6</u>	<u>2</u>	<u>3</u>	<u>15</u>	<u>3</u>	<u>7</u>	<u>2</u>	<u>59</u>
Total	64	62	28	19	15	54	3	22	8	276

Appendix D

Mission Responses Related to TIPPS

Appendix D

Mission Responses Related to TIPPS

Copy of Cable Sent to Missions

FR: John McWilliam
POPTech
1601 N. Kent Street, Suite 1014
Arlington, Va. 22209 USA
(703) 243-8666
(703) 358-9271 (FAX)
271837 ISTI UR (TELEX)

DATE. 02 March 1989

S&T/POP is conducting an evaluation of the TIPPS program. As part of this evaluation, S&T/POP is seeking mission assessments of TIPPS project performance. The information from the TIPPS evaluation will be used in the design of the follow-on private sector family planning program. We would greatly appreciate your responses to the following questions by March 15.

FYI: TIPPS is one of the three projects in S&T/POP that focus on the commercial sector (the other two being SIMARC and Enterprise). TIPPS tries to stimulate business analyses that demonstrate the financial and health benefits of FP. The results of these studies are presented to management along with an action plan to initiate or expand services. TIPPS staff follow-up with companies wishing to start services by helping to arrange short-term assistance from consultants, other CAs, or from the local marketplace. The results of individual company studies are then shared with other business leaders. For FYI.

- 1) Are there legal, regulatory or policy constraints imposed in your country that inhibit private sector manufacture, acquisition, promotion, sale or distribution of contraceptives? Are these constraints reflected in the cost-benefit model and country analysis that TIPPS has developed.
- 2) Have employee and dependent characteristic surveys been efficiently designed and administered?
- 3) Have the presentations made by TIPPS to private sector countries been well-received?
- 4) Have TIPPS staff successfully helped companies to move from business analysis to service delivery? Has full advantage been taken of services provided by local PVOs and CAs?
- 5) Have TIPPS staff disseminated the results of its work to other companies? Which dissemination techniques have been used most successfully?
- 6) What evidence is there that once TIPPS technical assistance comes to an end, recipients will have the capabilities and commitment to continue to support services on their own initiative and at their own expense?
- 7) How well does the project management communicate TIPPS activities to the mission?
- 8) Do you see a need for further TIPPS activities in your country? If so, what would be its focus? e.g. should it focus on expanding the number of companies targeted by TIPPS, applying the TIPPS model to public entities, offering follow-up services to companies who have already received favorable business analysis, monitoring development in companies who have begun service delivery or using results to interest the public sector into actively working to extend private sector services.

AID/w greatly appreciates mission inputs to this evaluation

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- D-2 -

271837 ISTI UR

RCA MAR 10 1632

2220 CABPUB BV

MT LAPAZ 10/3/89

TO:

JOHN MACWILLIAM
POPTech
1601 N. KENT, SUITE 1014
ARLINGTON, VA.
TELEX NO. 271837 ISTI UR

FROM: SANDRA A WILCOX
HEALTH AND HUMAN RESOURCES DIVISION
USAID/BOLIVIA
LA PAZ, BOLIVIA

WE HAVE NOT YET BEGIN IMPLEMENTATION OF TIPPS PROJECTS. IF STILL
INTERESTED CONTACT US IN SIX MONTHS.

271837 ISTI JP
*p

- D-3 -

1-0025211063 03/04/89 TWX ESL62833533 NVFA
001 TDWX WASHINGTON DC

JOHN MCWILLIAM
POPTech
1601 N. KENT
ARLINGTON VA 22209

SUBJECT: EVALUATION OF THE TIPPS PROGRAM

- TELEX NO: 271837 ISTI UR

REF: TELEX RECEIVED MARCH 2, 2989

TIPPS PERFORMANCE HAS BEEN EXCELLENT FDR A SINGLE
ACTIVITY; ASSISTING THE BRAZILIAN ASSOCIATION OF HMOS
(ABRANGE) INVOLVING KAREN FOREIT ONLY. TIPPS HAS
STANDFORILY REFUSED THER 9PPDRTUNITIES IN BRAZIL.

AMERICAN EMBASSY BRASILIA, BRAZIL 02462/L0463

20:07 EST

MGMCOMP

54

- D-4 -

PAGE 01 QUITO 02878 072019Z 2310 021074 AIDE509
ACTION AID-00

ACTION OFFICE POP-04
INFO LADR-03 LASA-02 SAST-01 PDPR-01 PPPB-02 ES-01 STHE-03
HHS-09 RELO-01 AMAD-01 OMB-02 /030 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 OES-09 /009 W
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R 072014Z MAR 89
FM AMEMBASSY QUITO
TO SECSTATE WASHDC 2176

UNCLAS QUITO 02878

AIDAC

FOR ST/POP

E O 12356 N/A
SUBJECT TIPPS PROJECT EVALUATION

REF POPTECH FAX OF 3/2/89

QUESTIONS POSED IN SUBJECT FAX ARE NOT RELEVANT TO
USAID/ECUADOR SINCE TIPPS DID NOT SUPPORT ANY ACTIVITY IN
ECUADOR HOLWILL

SS

- D-5 -

U S DEPT OF STATE
2201 C ST NW SUITE 5440
WASHINGTON, DC 20520

3B D102 49-1 3D701 5 03/29/89 23 07 RP

HAND DELIVERY
JPHN MCMILLAN
POPTech
1601 N KENT STREET SUITE 1014
ARLINGTON VA 22209

ZIP 22209 AID

TEL 703 243 8666

- REF FAX DATED MARCH 2, 1989

TIPPS STAFF BEGAN DISCUSSING EMPLOYEE BASED KAP/COST
BENEFIT ANALYSIS WITH HONDURAS POPULATION STAFF IN
JUNE OF 1987 IN MARCH/APRIL 1988 THE SURVEY WAS
FINALLY CONDUCTED ONE YEAR HAS LAPSED AND THE SURVEY
HAS BEEN ANALYZED, BUT A PRESENTATION HAS NOT BEEN
MADE TO THE THREE COMPANIES SURVEYED TIPPS STAFF
WILL VISIT HONDURAS IN APRIL THE LENGTH OF TIME
BETWEEN WHEN THE SURVEY WAS CONDUCTED AND RESULTS ARE
PRESENTED HAS BEEN OVERLY LONG
AMERICAN EMBASSY
TEGUCIGALPA HONDURAS
5280/L2350

DATE March 15, 1989

REPLY TO
ATTN OF Samuel Taylor, AID/Mexico Representative

SUBJECT: Evaluation of the TIPPS Program in Mexico

TO Mr. John Mc William, POPTECH

Following are AID/M responses to your FAX dated March 2, 1989

- 1 None
2. Yes
- 3 Yes GIGANTE was so impressed with the TIPPS presentation that they (GIGANTE) requested that a presentation be made to affiliate companies TOKS and Lyausa.
- 4 Too soon to tell.
- 5 Too soon to tell, but plans are underway.
6. GIGANTE, who has agreed to implement a project with TIPPS will do so because they are convinced that the project is of great benefit to their employees and management.
- 7 AID/M is very pleased with communication of TIPPS activities by project management staff.
8. There is a definite need for future TIPPS activities in Mexico, and for the benefit of the LAC Region. However, AID/M would like to see more interaction between TIPPS and The Enterprise Program. The Enterprise Program experience could be very useful in presenting concrete examples of successful projects involving private sector provision of family planning services, without mentioning subsidies.

- D-7 -

PAGE 01 LIMA 04182 202128Z 8446 027572 AID9207
ACTION AID-00

ACTION OFFICE POP-04
INFO LASA-02 SAST-01 PPR-01 ES-01 PRE-06 STHE-03 RELO-01
/019 A4 GB20

INFO LOG-00 OES-09 /009 W
-----323242 210052Z /38

R 202129Z MAR 89
FM AMEMBASSY LIMA
TO SECSTATE WASHDC 6938

UNCLAS LIMA 04182

AIDAC

E O 12356 N/A
SUBJECT POPULATION (TIPPS) EVALUATION

REF TELEX OF 3/2/89 FROM JOHN MCWILLIAM/POPTECH

1 BECAUSE OF STAFFING CONSTRAINTS DUE TO VACATIONS,
AND HEAVY WORKLOAD MISSION UNABLE TO RESPOND IN WRITING
TO QUESTIONS RAISED IN REF TELEX HOWEVER MISSION
STAFF DID MEET EXTENSIVELY WITH TIPPS PROJECT EXTERNAL
EVALUATION TEAM DURING THEIR VISIT TO LIMA WEEK OF MARCH
12, COVERED WITH THEM ALMOST ALL ISSUES RAISED IN REF
TELEX AND SHARED WITH THEM MISSION'S VERY FAVORABLE
REACTION AND VIEWS OF TIPPS PROJECT AND ACTIVITIES IN
PERU FYI MISSION PLANS TO INCLUDE COMPONENT FOR
TIPPS-LIKE ACTIVITIES IN ITS NEW FOUR-YEAR FY 1989
COMMERCIAL PRIVATE SECTOR FAMILY PLANNING PROJECT AND
EXPERTS TO BUY-IN TO ONGOING CENTRAL PROJECT AND
PROPOSED NEW FOLLOW-ON CENTRAL PROJECT TO ASSIST IN
IMPLEMENTATION OF THE ACTIVITIES END FYI

2 IF AFTER RECEIPT OF REPORT OF TIPPS EVALUATION TEAM,
AID/W STILL REQUIRES INPUTS FROM MISSION, PLEASE CALL
JOHN BURDICK THANKS AND REGARDS WATSON

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PAGE 31 JAKART 8-987 88 OF 82 211248Z 1978 027876 AID9849
ACTION AID 08

ACTION OFFIC POP-84
INFO AREA 07 EAST-81 ANPD-05 ANTR-06 STHE-03 RELO 81 TEL-81
/E23 A4 KL21

INFO LOG-80 PACS-00 CES-03 /039 W
-----356375 211258Z /4. 22

P 210319Z MAR 89
FM AMEMBASSY JAKARTA
TO SECSTAT WASHDC PRIORITY 2688

UNCLAS JAKART 32987

AID-C DIRECT RELAY

EO 12056 N/A

TO JOHN MCWILLIAM
POP TECH
1501 Y KENT STREET SUITE 1014
ARLINGTON VA 2209
TELEPHONE 703-243-8560
TELEX 271637 ISTI UR

SUBJECT POPULATION EVALUATION OF THE TIPPS PROGRAM

REF MCWILLIAM TO POPULATION OFFICER TELEX OF 3 MARCH

1 USAID REGRETS DELAY IN RESPONDING TO REFTLEX AS
POPTech IS AWARE THERE WERE THREE EVALUATIONS BEING
CONDUCTED IN COUNTRY THIS PAST MONTH WHICH HAVE KEPT OUR
STAFF FULLY OCCUPIED

2 TIPPS PROJECT ACTIVITY HAS BEEN FAIRLY LIMITED IN
INDONESIA A FIRST ATTEMPT AT PROJECT DEVELOPMENT WAS
TERMINATED BY A DECISION TAKEN BY AID/W AND/OR TIPPS
WITHOUT USAID BEING INFORMED THIS LED TO A LOT OF
CONFUSION HERE ESPECIALLY WITH THE PRIVATE SECTOR FIRMS
WHO WERE BEING CONTRACTED TO IMPLEMENT THE PROJECT
LATER AN OPPORTUNITY FOR COLLABORATION BETWEEN TIPPS AND
THE URC OPERATIONS RESEARCH IN ASIA AROSE AND USAID
STRONGLY ENCOURAGED TIPPS TO PARTICIPATE IN THIS
PROJECT TIPPS STAFF WOULD ASSIST ATMAJAYA UNIVERSITY TO
CONDUCT A COST-BENEFIT ANALYSIS CBA AMONG FACTORIES
THAT COULD POTENTIALLY BE CONVINCED TO JOIN A PRE-PAID
HEALTH/FAMILY PLANNING SERVICES PACKAGE OFFERED BY
ATMAJAYA HOSPITAL TIPPS EVENTUALLY AGREED TO
PARTICIPATE BUT WHEN IDENTIFYING CONSULTANTS TO COME
TO INDONESIA WE WERE GIVEN THE IMPRESSION THAT THERE ARE
ONLY VERY FEW PEOPLE WHO TRULY UNDERSTAND THE MODEL IN
FACT, TIPPS ORIGINALLY WANTED TO COLLECT THE DATA HERE
AND DO THE ANALYSIS IN THE U.S. WE INFORMED TIPPS THAT
IF A LOCAL INSTITUTION COULD NOT BE TRAINED TO DO THE
ANALYSIS THEN WE WOULD SEEK OTHER TECHNICAL ASSISTANCE TO
CONDUCT A CBA WITH A MODEL THAT IS LESS MYSTERIOUS IN
THE END TIPPS SENT AN EXCELLENT CONSULTANT TO WORK WITH
ATMAJAYA ATMAJAYA DID THE DATA COLLECTION AND ANALYSIS
UNDER THE SUPERVISION OF THE TIPPS CONSULTANT TWO TIPPS
CONSULTANTS ASSISTED ATMAJAYA TO PREPARE AN EXCELLENT
COMPUTER STORY BOARD PRESENTATION HOWEVER THE ATMAJAYA
TEAM NOT TIPPS CONSULTANTS PRESENTED THE CBA MODEL TO
THE FACTORIES THE PRESENTATION OF THE MODEL TO THE
BKKBN WAS WELL RECEIVED AND CREATED INTEREST AND SUPPORT
IN BKKBN FOR THE HOSPITAL-FACTORY BASED FAMILY PLANNING
PROJECT BEING TESTED WITH URC SUPPORT

3 AS CAN BE UNDERSTOOD FROM THE DESCRIPTION OF THE
SMALL TIPPS INDONESIA PROJECT GIVEN ABOVE MANY OF THE

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QUESTIONS IN REFTLEX ARE NOT APPLICABLE INSTEAD WE
WOULD LIKE TO GIVE POPTech OUR EXPERIENCE WITH THE TIPPS
APPROACH AND MODEL THE TIPPS CBA IS A USEFUL MARKETING
TOOL FOR PRESENTING FAMILY PLANNING COST BENEFIT
INFORMATION TO FACTORY OWNERS HOWEVER AT THE PRESENT
TIME IT IS TOO COMPLEX AND REQUIRES A TIPPS CONSULTANT
WITH BOTH COST-BENEFIT AND DEMOGRAPHIC EXPERIENCE THE
MODEL WOULD BE MORE USEFUL IF IT COULD BE MODIFIED SO
THAT IT COULD BE USED BY LOCAL INSTITUTIONS SUCH AS A
NATIONAL FAMILY PLANNING ORGANIZATION GOVERNMENT OR
PRIVATE, THAT IS TRYING TO ENCOURAGE FACTORY BASED FAMILY
PLANNING IN THIS WAY THERE WOULD BE A RESOURCE
INSTITUTION IN-COUNTRY TO ADMINISTER THE MODEL WHICH
WOULD BE FAR LESS COSTLY THAN HAVING U.S. BASED
CONSULTANT FIRM CONTROLLING AND ADMINISTERING THE CBA
MODEL THE MODEL COULD BE SIMPLIFIED THROUGH THE
FOLLOWING

- A REDUCE TO 5-6 PARAMETERS THE FAMILY PLANNING
INFORMATION FROM FACTORY EMPLOYEES
- B MAKE KNOWLEDGEABLE ASSUMPTIONS REGARDING OTHER
DEMOGRAPHIC VARIABLES REQUIRED BY THE MODEL FOR
EXAMPLE USE AVAILABLE INFORMATION FROM CPS OR OTHER
REGIONAL FAMILY PLANNING AND FERTILITY STUDIES
- C SIMPLIFY THE SAMPLING OR SELECT ON OF FPP BY ES
WITHIN FACTORIES BASED UPON PERSONNEL LISTING AND
COMPLETE THE SURVEY IN ONE DAY PROVIDE THE RESULT OF
THE SURVEY TO THE FACTORY OWNER THE NEXT DAY BY USING A
RAPID SURVEY METHODOLOGY AND ASSUMING LESS THAN TEN
QUESTIONS RESULTS CAN BE PRODUCED IMMEDIATELY AND
TABLES/GRAPHS PRINTED DIRECTLY
- D PROVIDE GUIDELINES FOR DETERMINING THE COST OF
PROVIDING FAMILY PLANNING SERVICES BOTH DIRECTLY BY THE
FACTORY AND BY OTHER PROVIDERS SUCH AS
HOSPITALS/CLINICS A LONG AND COMPLEX COST STUDY OF
FIXED AND VARIABLE FAMILY PLANNING DELIVERY COSTS
BEYOND THE CAPABILITY OF LOCAL INSTITUTIONS IS IMPEDIMENT

4 IN INDONESIA WE FELT TIPPS DID NOT PROVIDE
SUFFICIENT TA IN THE DEVELOPMENT OF THE MARKETING OF
FPP/HEALTH SERVICES GIVEN THE TIPPS EXPERIENCE IN OTHER
COUNTRIES IN ADDITION TO SIMPLIFYING THE MODEL AS
DESCRIBED ABOVE THE TIPPS MODEL WOULD BE MORE USEFUL IF
IT COULD INCLUDE IN THE PACKAGE LESSONS LEARNED FROM A
VARIETY OF FACTORY/COMMERCIAL BASED FAMILY PLANNING
SETTINGS THAT IS THE CBA IS ONLY ONE PART OF THE
MARKETING OF FAMILY PLANNING TO COMMERCIAL ENTERPRISES
AND THERE ARE MANY OTHER COMPONENTS THAT NEED TO BE
INCLUDED THE LESSONS LEARNED COULD DESCRIBE GUIDELINES
FOR DEVELOPING MARKETING MESSAGES MATERIALS CONTACTS
AND PRESENTATIONS TO MANAGERS OF ENTERPRISES

5 IN SUM WE BELIEVE FURTHER DEVELOPMENT AND/OR
UTILIZATION OF THE TIPPS CBA MODEL SHOULD ONLY BE
CONSIDERED IF IT ITSELF CAN BECOME MORE
COST-EFFECTIVE THIS CAN BE DONE BY SIMPLIFYING ITS
APPLICATIONS SO THE TECHNOLOGY CAN BE MANAGED BY LOCAL
INSTITUTIONS CONNORS

NOTE PASSED ABOVE BY OC/T,
NOTE PASSED ABOVE ADDRESSEE BY OC/T

April 3, 1989

Mr John McWilliam
Population Tech.
1601 N. Kent Street
Suite 1014
Arlington, VA 22209
U S.A


Dear Mr. McWilliams

With reference to your questions regarding the funding of the TIPPS project in India.

- (1) Yes, there are restrictions. The TIPPS project here is dealing only with one city-firm specific project (Jamshedpur, TISCO) and hence the restrictions are not relevant
- (2) Yes
- (3) They are still up-coming
- (4) Not relevant. Service delivery was already in place.
- (5) Still to come
- (6) TISCO has the capability to do whatever it decides to do Also the funds
- (7) Very well indeed. They have leaned over backwards to keep the Mission in touch
- (8) Given the present low (and declining) level of population funding for AID/India, further mission support of such activities seems unlikely. But there certainly is a useful scope for such activities and we can only hope GOI or the Private Sectors take them up.

I hope this is helpful to your evaluation.

Sincerely,


Warren C. Robinson
Population Advisor
Office of Health Services

Department of State

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FOR S&T/POP (PDD) - HARRY CROSS

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SUBJECT POPULATION EVALUATION OF THE TIPPS PROGRAM

REF TELEX POPTECH/USAID 3 MARCH 1989

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SUBJECT POPULATION EVALUATION OF THE TIPPS PROGRAM

REF TELEX POPTECH/USAID 3 MARCH 1989

MISSION HAS NOT HAD THE EXPERIENCE OF SUBJECT PROGRAM IN
THE PHILIPPINES. THUS WE ARE NOT IN A POSITION TO
ADDRESS THE QUESTIONS RAISED IN REFTEL. FYI OUR
CURRENT S&T/POP PROJECT WITH FOCUS ON THE COMMERCIAL
SECTOR IS THE ENTERPRISE PROJECT

USAID MISSION/OPHN
AMERICAN EMBASSY
MANILA PHILIPPINES

QUINN

NOTE PASSED ABOVE ADDRESSEE BY OC/T

Appendix E

Recommendations for 1991 Project Development

Appendix E

Recommendations for 1991 Project Development

Technical Assistance

- USAID should continue to fund IPPF/Quito at a reduced level to provide monitoring, management, planning and program development technical assistance to private FP agencies IPPF/Quito should gradually transfer the role to coordination for a national agency
- The 1991 project should also fund the continued assistance of Stern & Co on a periodic basis to provide TA in financial management and strategic planning, to private and public FP agencies USAID should continue its funding of FP and population activities, with a special additional effort to reach the underserved under-25 years and rural Indian populations This assistance should promote the expansion of the agencies' services delivery and promotion within the expectation of eventual self sufficiency

Involvement of Professional Women's Groups

- The 1991 FP Project should make additional efforts to seek out professional women's groups, e g , woman's legal associations, journalist associations and others to promote their increased commitment and involvement in population programs Internally, the FP Project planning during the PID and PP should be aware of and consistent with other USAID projects designed to improve women's health and education status and incoming generation projects

Biomedical Research.

- USAID/Ecuador should request assistance from CDC, or other research institutions to conduct bio-medical research to assure the safety and effectiveness of oral contraceptives at high altitudes USAID could combine research in Ecuador with those of other high altitude countries Clients, especially in the Sierra, repeatedly complain of severe headaches and leg varices These could be considered as side effects of the oral contraceptives It is expected that this contributes to the high rate of discontinuance of O C's

Family Planning Council

- USAID should encourage the development of a Family Planning Council (FPC) to promote FP and information in Ecuador Through coordination and communication, the FPC members could share resources to obtain economies of scale in purchasing services and materials for their respective programs and pursue national, regional, and local activities with greater effect Membership may include APROFE, Fundacion Futura, CEMOPLAF, CEPAR and other FP related organizations

Fundacion Futura.

- USAID should meet now with the newly elected officers of the Fundacion Futura to explore possible roles of the Fundacion in the follow-on project These could include coordination of non-profit and commercial family planning activities, expansion of CSM, employer-based programs and research
- USAID should support a continuation of the Enterprise Project's effort through the Fundacion Futura, which would determine the level of interest in FP on the part of the commercial and industrial sectors

Contraceptive Social Marketing (CSM)

- USAID should review with SOMARC and AID/W the plans for the increased commercial companies' (Schering, Warner-Lambert, etc) assumption of the Ecuador CSM program costs over time in the follow-on project.

Pharmacies as Family Planning Centers

- USAID should support an operations research activity to assess the potential for increasing family planning knowledge and use through the development of a training program for pharmacists. Selected pharmacies would receive training, materials, recognition and motivation while control pharmacies would not. Test and control pharmacies should be selected from the Coastal and Sierra regions in urban and rural locations.

Method Mix Retreat.

- USAID should invite selected personnel from the FP related organizations to a special retreat during the new project to review the available contraceptive methods in Ecuador and their prevalence during the recent years. The retreat would allow for discussion on the preferred methods for different members of Ecuador's society as well as different age groups. The results of the retreat would be general agreement on an optimum method mix for Ecuador (see Attachment 1).

Mechanisms for Information Exchange

- The 1991 project should support mechanisms for the periodic, structured interchange of private, public and commercial sector FP experience in FP project management, logistics, training, IEC and other areas.

Attachment 1

Contraceptive Method Trends in Ecuador and Implications for Family Planning Program Development and IEC Support.

The following is a review of contraceptive methods in Ecuador with some implications for family planning program development and IE&C support needs. Table E1 provides contraceptive prevalence data for 1982 and 1987, and estimated figures for 1991.

Female Sterilization Unless a major change occurs in Ecuador, female sterilization is likely to remain the most popular single method. Clinical sterilization services already exist although their geographical distribution and high price probably hinder access of poor rural women with many (4-5-6) children to this service. USAID does not currently provide any support for IE&C services for sterilization.

There has been past sensitivity with the U.S. Mission regarding the method. USAID should, however, consider providing some limited support in IE&C so that more women may become aware of the method and its benefits.

Female sterilization currently is rated as providing 12.5 CYPs, although to be correct, age specific rates should be applied to increase or decrease the CYP rating.

Intrauterine Device The IUD (Lippes Loop and Copper T) should remain a popular method, in part, because the current rating provides 2.5 CYP per insertion. An AID/W CYP review process is currently under way in which the Copper T IUD will probably receive a new rating of 4 CYP, while the Lippes Loop will remain at 2.5. Given this increase in the rating, there is additional need to review the appropriateness of APROFE's high (93%) IUD method prevalence (see text of report).

IEC support for the IUD is presently quite limited and should be improved following the IEC training proposed in this report.

Norplant® Norplant® holds an excellent potential for slowly becoming popular within the increasing number of choices available in Ecuador. Insertion of Norplant® requires a simple clinical setting.

IEC for Norplant® is required for launching this new method and for maintaining a necessary level of awareness and motivation following the initial staff training and orientation. Norplant® may be considered as an appropriate, safe and viable method even for young women, however, since the method does produce visible impressions on the under arm, IEC strategies and messages will need to be produced to help increase acceptance. Norplant® is rated to provide 5 CYP.

Oral Contraceptives Pill prevalence trends have been observed to fall in Latin American countries where female sterilization has become popular. Pill problems and high discontinuation rates form part of the rationale for this phenomenon. In Ecuador, the Fundacion Futura/TFG/SOMARC/ Scherifarm promotion efforts may reverse this pill trend to some extent through strong training, IE&C, and a revitalized pharmacy training program.

The pill method requires increased training and IEC activities in pharmacies and in APROFE and CEMOPLAF and other service delivery organizations. New service/distribution points should also be stimulated and expanded through employer-based centers, revitalized CBD points, associated professionals, and private health practitioners.

Condoms This method should become somewhat more popular due, in part, to a planned

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SOMARC/Fundacion Futura CSM Program which is still being finalized, and also due to the growing public awareness of the AIDS disease. Huge increases in condom use for family planning, however, are not expected. An aggressive male family planning popularity campaign proposed in this report, if implemented, may make additional impact on the condom share of the methods mix.

Special Underserved Markets The young adult market should be carefully addressed by reviewing the CEPAR adolescent study and other information in order to identify and formulate a complete marketing program of appropriate method choices and a supporting IE&C/promotion campaign. A "package" of appropriate methods and relevant IE&C campaigns should also be created for the other special underserved markets: indigenous, rural and urban poor, and male populations.

Table E1

**Contraceptive Prevalence Data in Ecuador for 1982
and 1987 with Estimated Prevalence for 1991**

**Percentage of Married Women of Reproductive Age
Currently Contracepting, by Method**

	1982 (Final)	1987 (Prelim.)	1991 (Estimated)
Total	39.9	44.2	49.0
<u>Methods</u>			
Female Sterilization	31.2	33.9	31.0
IUD	16.5	22.2	27.0
Pill	25.7	19.2	23.3
Norplant®	-	-	2.0
Rhythm	12.0	13.8	9.7
Vaginal	4.9	2.7	1.4
Condom	2.7	1.4	1.6
Withdrawal	3.5	4.5	3.0
Injectable	1.8	.9	.3
Douche, Others	1.6	.7	.6
Male Sterilization	<u>1</u>	<u>-</u>	<u>1</u>
Totals	100.0	99.3	100.0

Note. Estimates based on 1982 and 1987 CPS data and information received during May 1989
POPTECH Team visit.